

Coles (Walter)

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WITH SOME

REMARKS ON DR. HAMMOND'S PAPER.

BY

WALTER COLES, M. D.,

OF ST. LOUIS, MO.



[*Reprinted from the St. Louis Medical and Surgical Journal, October, 1878.*]

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From time immemorial the liver has been invested with peculiar interest in the minds both of the laity and of practitioners of medicine, and has been in one way or another associated with nearly all the ills that flesh is heir to. The rapid strides, however, which of late years have marked the study of its physiological and pathological relations, has led the medical profession to view this organ in a new, yet no less important light than that in which our forefathers were wont to regard it. Notwithstanding advances in the scientific world, many crude notions and superstitions of the olden time still cling to the people generally, and as a consequence we hear every day of the various "liver complaints" with which a large mass of humanity is afflicted. Indeed, so prone are persons to charge the liver with every vague and undefined illness, that a clever English writer has observed that "it is one of the most curious things in human pathology, if not in human nature, that a certain considerable number of people seem rather pleased than otherwise when told that their liver is affected." And he might have added, that, for these reasons, there is scarcely an organ in the body upon which the empiric and the charlatan has thriven and

fattened to such repletion as upon this same much abused viscus. This is a fact well known to medical men, and yet we see no means of remedying this wide spread delusion, other than by the cultivation of more exact knowledge upon the part of physicians, and, as a natural consequence, in time, the inculcation of sounder views amongst their patients.

Perhaps in no department of pathology and therapeutics has more satisfactory progress been made, in modern medicine, than in the matter of *hepatic abscess*, the general features of which have been so thoroughly discussed by the many able writers who have devoted their attention to the subject, that they will not be formally reproduced here; our object being to confine ourselves more particularly to certain practical and important points suggested by the recent literature of the disease.

Fortunately, in this latitude, abscess is so rare that few individual practitioners have opportunities during a life time of witnessing a sufficient number of cases to gain a very ripe experience. Some idea of the infrequency of this affection may be gleaned from the fact that in response to recent letters inquiring as to their experience with the aspirator, several metropolitan physicians of extensive private and hospital practice have replied: "I have met with no case of abscess of the liver since this instrument was introduced,"—some eight or ten years ago. Stokes, speaking for Great Britain, remarks that "abscess of the liver, so common in India, is of rare occurrence in these countries. A few isolated cases are to be met with in medical records, but no series of cases was published as occurring in Europe until the appearance of Louis' researches on the subject. (Cyclop. Prac. Med., Vol. iii, p. 160.) Watson says: "In this climate we do not often meet with hepatic abscesses." (Practice of Physic., p. 964.) Dr. S. H. Ward, whose opportunities for judging are not surpassed by any physician in London, declares idiopathic abscess "almost limited to practitioners in India, and to those in this country who are brought into contact with officers, seamen, and other individuals, who return invalided from tropical climates." (*London Lancet*—reprint, Nov., 1868, p. 658.) Niemeyer concludes that "it is rare in the temperate zones, but more frequent in the tropics, particularly in India, although the old accounts of its frequency there are overdrawn." (Practice of Medicine, Vol. i, p. 635.) Dr. Flint asserts that "hepatic abscess is extremely rare in cold or temperate climates.

It is an affection belonging *par excellence* to warm climates, although not very common in the latter." (Practice of Medicine, p. 467.) Such citations as these might be indefinitely extended, but are quite sufficient to indicate the universally accepted opinions on this subject. Indeed, we know of but one exception—that of Dr. Wm. A. Hammond, of New York, whose experience has led him to conclude "that hepatic abscesses are much more common with us than is generally supposed." (*St. Louis Clinical Record*, June, 1878, p. 56.)

The comparative immunity from abscess of the liver in this latitude is interesting, not only as a matter of pathological history, but assumes great importance in connection with the question of etiology. There remain certain physiological points which are not as yet sufficiently mastered to enable us to interpret fully the mechanism of heat in the production of hepatitis and abscess. That it is an important factor is certain, but perhaps its participation lies more in its influence upon the general surroundings of the patient than by direct action upon his physical organism. It influences the air that he breathes, his food, his drinks, his habits, and in short all his relations with nature. That an elevated temperature alone, even where it is combined with many well-known exciting causes, is not sufficient to produce suppurative hepatitis in northern latitudes, is sufficiently illustrated in the lives of certain artisans and mechanics of our own country and Europe, whose avocations compel them to remain subjected to great heat, with but brief intervals of rest, for many successive years; yet there is no evidence that these classes are peculiarly liable to the disease. An admirable paper on "Abscess of the Liver," by Dr. J. C. Davis, of New York, (*N. Y. Medical Journal*, June, 1878,) contains many interesting observations bearing on this question. After giving a brief "geographical distribution" of abscess, he says: "It is much less frequent on the Western continent than on the Eastern. It is much less frequent in certain of the West India Islands than others of the same group, under the same climatical influences; as to heat, rainfall, direction of wind, geological formation, etc." Dr. Davis' field of observation was in Zacatecas, Mexico, a city of 50,000 inhabitants, situated in an elevated, mountainous region, where the mean temperature is 60° Fahr. Here, in ten years, he met with thirty-six cases, and yet he tells us that in several of the Mexican States subjected to a much higher tem-

perature, "abscess of the liver is among the rarest of the rare diseases." These are interesting facts, and in many cases difficult of explanation, save by taking into consideration other external causes.

Stokes reminds us of the fact that abscess sometimes appears to be epidemic. The pyæmic and embolic variety is frequently so; indeed, if we accept the apparently well substantiated theory which Ribes and Budd founded on the researches of Gaspard, Cruveilhier and others, that hepatic abscess follows in a large proportion of cases from dysentery, we have little difficulty in recognizing the epidemic feature. The fact, however, that even the most malignant epidemics of dysentery in milder climates are only exceptionally followed by abscess, whilst in tropical regions this is quite commonly the case, has led to much discussion as to the true relations between these two affections as to cause and effect. It cannot be doubted that there is much truth on both sides of this question; either disease being capable of determining the other, with the essential difference, however, that in temperate regions there is the absence of that peculiar malignancy born of those general conditions recognized as the "tropical cachexia."

The causes of liver abscess, as at present generally conceded, may be briefly summed up as follows: 1, Traumatic; 2, Hemorrhagic infarction; 3, Inflammation of hydatid cysts; 4, Ulceration of gall ducts; 5, Entozoa; 6, Metastatic,—such as septicæmia, pyæmia, embolism, and including organic lesions of alimentary canal, and other parts; 7, Tuberculosis; 8, Malaria, and other deteriorating and poisonous agents, acting through the blood, such as heat, alcohol, etc.

We cannot permit the present opportunity to pass without some additional remarks, suggested by Dr. Hammond's paper on "Obscure Abscesses of the Liver, etc.," which appeared in the June number of the *Clinical Record*, and to which reference has already been made. In this paper the writer sets out with the declaration, "that abscesses of the liver may exist without giving rise to any marked local or general symptoms is a point with which those who have investigated the subject have long been familiar." Now, the foregoing as a general proposition should most undoubtedly be accepted; since it is based on facts, well known to all who have studied the clinical history of this, sometimes, very obscure affection. And, if Dr. Hammond

had stuck to his text, we should have had nothing to say; but that he has not done so, either in his preliminary assumptions, or subsequent deductions, we think can be easily shown. Indeed, the paper in question, when closely scanned, reminds one of a legal brief in which an evident effort has been made to establish a certain proposition, regardless of countervailing facts,—facts which cannot be suppressed without detriment alike to the imperishable principles of science and the best interests of humanity.

In order to establish his declaration that abscess is frequently unaccompanied by any "marked" general or local symptoms, he quotes freely from many authors; among the rest Frerichs, whose exhaustive work on diseases of the liver is universally accepted as one of the most authoritative extant. Frerichs, he says, "asserts that the *fundamental lesion is either indicated by no symptoms whatever, or by insignificant derangements, which are easily overlooked.*" (The words in *italics* are taken from Frerichs, vol ii. p. 121.) It is scarcely necessary to remark that the author thus quoted, commits himself to no such doctrine as this. But in order to illustrate the unfairness of Dr. Hammond, when he wishes to make a point in his own favor, we give below what Frerichs *does* say, when it will be seen that the Doctor appropriates only the part of a sentence, thus destroying, not only all sense, but entirely changes the meaning of the author, whom he unceremoniously attempts to impress into his service. Here is the sentence complete (those words being in *italics* which have been omitted). "*In other cases the symptoms of morbid processes consecutive upon the hepatitis, or which precede and give rise to it, are the most prominent, whilst the essential fundamental lesion is indicated either by no symptoms whatever, or by insignificant derangements, which are easily overlooked.*" To indicate further the extent to which the views of Frerichs have been misrepresented, we proceed to give the remaining portion of the paragraph, of which the foregoing is the opening sentence—we beg that the reader will put the two fragments together. It is as follows: "In our own climate this is in a marked degree the clinical history of so-called pyæmic infection, in the course of which latent hepatic abscesses are wont to be developed. In warm countries it is mostly dysentery or intermittent fever, and, according to Haspel, particularly the tertian form, which masks inflammation of the liver. Sometimes morbid processes induced by the hepatitis,

such as peritonitis, or still more frequently pleurisy, or right pneumonia, give rise to such prominent symptoms that the real seat of the disease is overlooked and mistaken."

Again, Dr. Hammond states that Frerichs, Andral, Catteloup, and others have not unfrequently met with cases "where local examination furnishes no data whatever for proving a diagnosis; when neither the size nor the form of the gland is altered, and where there is no increase of tenderness." Doubtless this is the experience of many who have seen much of this disease, but it by no means follows that in such cases there are "*no symptoms whatever.*" On the contrary, as Frerichs has explained in the sentence which the Doctor so unmercifully mutilates, there are frequently attendant symptoms of so prominent and violent a nature as to completely mask the suppurative process. This happens to be precisely true in Andral's case, to which allusion has been made. It is that of a young man, who, after a fatiguing ride on horseback, had an attack of fever, for which no local cause could be discovered. On the 4th day he had a rigor and severe headache; his tongue was white, he had no appetite and suffered from obstinate constipation; on the 12th day he became delirious, and on the 17th he died. During the entire progress of the disease there were no local symptoms; there was no vomiting, and no jaundice; the various internal organs were carefully examined without discovering any local disease. At the autopsy all the organs were found free from any lesion of importance, and even the liver appeared normal, until an accidental puncture with the scalpel laid open an abscess as large as an orange, filled with pus, destitute of odor, and surrounded by softened red hepatic tissue. (*Clinique Medic T. II. p. 303.*) This case is interesting and instructive, but surely Dr. Hammond will not contend that it was marked by "*insignificant derangements,*" nor will he go so far as to assert that the symptoms were not directly connected with the rapid and deadly changes going on in the liver; for the *post mortem* too clearly reveals the facts, and leaves us only the sad regret that this young man's medical attendant was not possessed of the wonderful *tactus eruditus*, which the Doctor has developed in the detection of fluctuation. It is doubtless to this case that Stokes alludes when he says, "in all the cases of abscess of the liver recorded by Andral, there is but a single instance where the disease occurred without complication with lesion of other organs. (*Ibid vol. iii. p. 169.*)

Dr. Hammond further says: "Rouis, who has written a most elaborate memoir on hepatic abscess, gives it as the result of his observations, that of 143 cases, the symptoms prior to suppuration were either entirely absent, or were undefined in 62 cases, while in 30 cases they were undefined during the whole progress of disease, and in 19 cases were either masked or latent." Somewhere in the paper we are reviewing, Dr. Hammond remarks: "At present we move in the dark, or at least in a very obscure atmosphere." Certainly his surroundings must have been somewhat hazy when he wrote the foregoing! Wherein he commences by telling us that Rouis has written an elaborate memoir, etc., on hepatic abscess, and continues, all in one sentence, to announce that "the symptoms *prior to suppuration* were either entirely absent or were undefined in 62 cases." What the symptoms were *during* suppuration or *after* suppuration—after there *actually was abscess*, the doctor conveniently omits to tell, though this is the point we are really after.

The following is an analysis of the clinical history of Rouis' cases, taken from Frerichs, (Ibid. p. 129). "Out of 143 cases, 80 commenced with symptoms of dysentery, 14 with those of gastric or gastro enteric catarrh, 1 with those of gastralgia, 5 commenced under the form of irregular intermittent fever, and 5 were perfectly latent. In 21 cases, the symptoms of acute hepatitis, or of acute hepatitis complicated with a tendency to dysentery, were present from the first; while in 17 there were the symptoms of subacute or chronic hepatitis with dysentery." Such is the analysis of Rouis' cases, which may be taken as a fair example of the clinical history of hepatic abscess everywhere and as it has presented itself to all observers, with the exception of Dr. Hammond, whom we have consulted. The contrast between the latter's experience and that of Rouis is indeed remarkable when we come to a matter of statistics, for whilst of Rouis' 143 cases only 5 were "perfectly latent," Hammond tells us he encountered this feature in no less than 100 per cent!

Still another statement of Dr. Hammond's needs correction, wherein a great man and a close clinical observer, now dead, is placed in a false attitude. He quotes Stokes to prove the latency of liver abscess, and refers to several cases cited by him, from the writings of Andral; in one of these cases the Doctor says, "The patient never had either sickness or pain, either in the hypochondrium or right side of the chest." Who could read this

quotation, under the authority of such a name as Stokes, without perceiving at a glance how nicely it dovetails with Dr. Hammond's cases? The history of these cases and their wonderfully successful treatment has been extensively circulated and read by thousands, yet how many of these numerous readers have thought or had the opportunity to inquire whether Stokes ever penned such a statement? Well, he never did, or anything like it. The truth is, Stokes mentions this particular case as an illustration of the manner in which abscess of the liver may be complicated with other diseases, which by their *very gravity* completely mask the liver trouble; in this instance, "a schirrus state of the stomach" was revealed at the autopsy. (Ibid p. 69.)

But although Dr. Hammond attempts to fortify his position with an imposing array of authorities, he cannot find one of them who will assent that hepatic abscess can proceed from incubation to maturity and yet present, as he contends, "no symptoms whatever."

Obscure it often is, masked it sometimes is, latent it may be, but never without something more than "insignificant derangements" somewhere in the line of its history. Should the abscess be small and become encysted, it may remain latent for years without giving rise to serious trouble. This is the opinion of Frerichs, who mentions by way of illustration the case of Mr. Lawson, a colleague of Dr. Budd's, who "followed his profession for ten years after an attack of hepatitis, which left behind several abscesses." Here is a case where the patient enjoyed even "tolerable health" says Budd, yet it cannot be said that it was characterized by "no symptoms whatever;" on the contrary, these abscesses supervened on an attack of *hepatitis*, which is the usually recognized "*marked commencement*." The abscesses in this instance however, were very small, but had they been larger, the symptoms and constitutional effects would have been more pronounced, for, declares Budd, a large abscess "never exists without very serious impairment of health." (Diseases of the Liver, p. 460.) There need be no high degree of fever, neither is it continuous, rather intermittent in character, but always present at some stage of the suppuration. Frerichs makes this very judicious commentary on the uncertain symptomatology of abscess. He says, "We must not always expect to meet with the entire train of symptoms perfectly developed; this is rarely the case; they are usually observed either in whole or in

part at certain stages of the disease only, or, indeed, all symptoms indicative of a local lesion may be entirely absent." (Ibid p. 128.) After discussing the question of diagnosis at length and reminding us that abscess may be so masked as to be entirely overlooked even by the most skillful surgeon, Stokes says, but such cases are comparatively rare and should not discourage the student or render him skeptical as to the powers of diagnosis.

Before proceeding to explore the liver, we hold that there should be a *reasonable suspicion* of abscess. Our conclusion must be founded on a close and careful scrutiny of the whole history of the case; bearing in mind that many cases, though masked, or latent at the moment of observation, may be connected with antecedent phenomena calculated to lend valuable assistance in forming a correct judgment. When all local symptoms are absent, the diagnosis must necessarily be very difficult. Fortunately, in what might be termed "walking cases," this is less apt to be the case than when there are severe complications, distracting the attention of the nerve centers to other organs. The fact that authors lay so little stress upon *fluctuation* is significant that they deem it a sign of little or no value, when the abscess is not sufficiently large, or so situated as to bulge out the right hypochondrium, or cause the gland to extend downwards below the margin of the ribs. Even in that case, if the abscess be deep, it is generally absent. Any one who has attempted to detect fluctuation in the adult under such circumstances can appreciate the difficulty, and for obvious reasons. The writer recalls the case of a child, three years old, who suffered from hepatic abscess following a violent attack of dysentery. In this instance the local symptoms, such as pain and tenderness were well marked; the liver enlarged, yet even in this child, with its small yielding chest, there was no sign of fluctuation until the pus was pressing out the intercostal spaces; when a large abscess containing ten ounces of healthy pus was evacuated with a bistoury, resulting in complete recovery. This, by the way, is the only case of hepatic abscess occurring in so young a subject, within our personal knowledge; the patient was the child of a gentleman residing near Parkersburg, W. Va.

We should not forget that there is a trouble, sometimes met with closely simulating abscess of the liver, and which Stokes says may be easily mistaken for it. We allude to superficial fascial abscess of the walls of the abdomen over the right hypo-

chondrium. Stokes speaks of it as a "singular disease," generally quite innocent, though he has seen a patient die of it. (Stokes and Bell, p. 530.) We well remember a puzzling case of this nature many years ago in Bellevue Hospital, New York, which was not without difficulty diagnosed by Dr. Alonzo Clark.

The improved instruments which we now possess render it much easier and safer to test our diagnosis in obscure abscesses than formerly. Though we repeat, that no one is justifiable in puncturing the liver unless he has a reasonable conviction that it is the seat of abscess. On this point it does seem to us, that the teachings of Dr. Hammond partake too much of the enthusiast, and are well calculated to bring an important and useful surgical device into disrepute. He actually goes so far as to annunciate the proposition, "That in all cases of hypochondria or melancholia, the region of the liver should be carefully explored, and that even if no fluctuation be detected, or any other sign of abscess be discovered, aspiration being a harmless operation, should be performed"! To array any formal argument against such a doctrine as this would be a manifest reflection upon the intelligence of our readers, who are familiar with the fact that whilst hypochondria, insomnia, etc., are common accompaniments of nearly all affections of the liver, yet that they are symptoms which by no means belong to this organ *par excellence*. If this rule of the Doctor's were universally adopted during these times, when there is so much mental depression from business and other causes, what a pecuniary harvest it would prove for the doctors, even at a moderate fee *per puncture*! Aspirators would soon be in greater demand than "blue glass," or "Holman's pads," and we might all do a lucrative business, "prospecting the liver," as Prof. Aitken derisively terms this "hazardous" practice. (Science and Practice of Med., Vol. 11, page 834.)

As before remarked, Dr. Hammond has been at great pains, to quote everything he could find bearing favorably on the points which he wishes to inculcate, whilst equally studious in omitting all counter-balancing testimony. He makes much of, and even founds a new theory of hepatic abscess upon, the recent researches of Cyon and Areloff, into the anatomical distribution of the vaso motor nerves of the liver; yet he brings forward not one atom of proof that these discoveries account for a single case of abscess. The nerves in question, like the rivulet of the

wilderness, ran thus, even before they were dreamt of by man. And yet, is it not strange that they have only recently, and all of a sudden, developed potency in the production of abscess? Why is it that prior to the discovery of Cyon and Aladoff, hypochondria and cerebral hyperæmia were scarcely ever known to be complicated with abscess of the liver? Facts are far more eloquent than mere theories; let us see what the former teach us. Prichard says, "Medical writers formerly attached great importance to the liver, in disorders affecting the mind; later researches have by no means confirmed this prejudice. Esquirol found two instances of diseased liver in 168 melancholics, while in the same number there were 65 morbid changes in the lungs." (Prichard on Insanity, p. 173.) The same author remarks that in 60 autopsies of cases of dementia there were only 2 in which the liver showed evidences of disease. In 259 post mortems of insane persons displaying morbid changes of structure in various organs, other than the brain, Scipion Pinel found lesion of the liver in only 5. (Guislain, p. 138.)

But the question arises, under what circumstances shall we explore the liver for abscess? Dr. Davis, whose recent paper on this subject may be regarded as the most valuable and practical yet contributed to American literature, lays down the following rule as to the proper time for exploration. He says: "What are we to do in an acute case of hepatitis, when well marked symptoms of suppurative fever arise? I answer, unhesitatingly, ascertain if possible the seat of abscess, and unless well defined symptoms are present, which point to the lungs as the probable outlet for the pus—*puncture*."

Dr. W. H. Ford, of this city, who has seen quite a number of cases of hepatic abscess, and has had a good deal of experience with the aspirator, makes the following remarks in reporting a fatal case of abscess in which he had employed that instrument, in the *St. Louis Clinical Record* for July, 1876. He says: "Though puncture of the liver by Dieulafoy's needles is not an absolutely innocent procedure, notwithstanding his assertions in this respect, which, perhaps, are a little too emphatic, nevertheless, like most other well devised and properly guarded surgical measures, it is infinitely less dangerous than the condition it is intended to remove. When, therefore, symptoms point to the formation of abscess in the liver threatening to perforate the diaphragm, the pus ought to be withdrawn by the aspirator. The

symptoms denoting the propriety of this, will be the usual ones indicative of hepatic abscess, etc., etc."

Prof. Maclean, of Netley, an ardent advocate of tentative aspiration, declares that when he has a case of dysentery with hepatic symptoms so acute as to lead to the suspicion that pus has formed, he always punctures; believing that if there is abscess the sooner it is evacuated the better, and should there be none the local abstraction of a little blood proves salutary. (*Lancet*, October, 1873.) Cameron, Condon, and others coincide in these views. Dr. Dieulafoy, whose name is indissolubly connected with the aspirator, and who is certainly as enthusiastic an advocate of his invention as any one can be, declares in favor of early exploration, and would resort to it "when palpation and percussion disclose an increase of volume in the liver; when this increase has been rapid and accompanied with pain in the lower border of the organ and in the right shoulder; when these local symptoms are connected with general phenomena such as sweats and fever, more or less intermittent." (*Pneumatic Aspiration*, p. 93.)

We might thus go on and cite other authorities, but these are amply sufficient to indicate the generally accepted views of the most advanced advocates of the aspirator, as a diagnostic instrument.

But having thus verified the existence of abscess, what is to be done? The indications are plain; the pus should be evacuated without removing the needle, provided it is of sufficient size not to clog, which will frequently be the case even with those of larger calibre—the cavity being cleansed with some suitable antiseptic fluid. The needle may then be withdrawn and the patient kept quiet (a point insisted on by Dieulafoy) with a hope that the cavity may contract and no further collection of matter take place. This has been known to occur in several instances, even when the abscess was large—(it occurred in all of Dr. Hammond's cases without even the precautionary washing out) though this is by no means the rule. The tendency to re-formation of pus in all abscess cavities is well known. In 15 chronic and metastatic abscesses, not of the liver, tabulated by Dieulafoy, there were 39 aspirations; 10 are reported cured and 5 improved. Only 3 were cured by one aspiration. (Ibid p. 355.) The same author recites in detail the treatment by aspiration of seven cases of hydatid cysts of the liver. In 3 cases one aspiration ef

fected a cure; one case required three punctures, the fluid remaining limpid to the last. In one other the fluid became turbid, "but had not time to be completely changed into pus, as cure was effected after the second puncture." The sixth and seventh cases completely degenerated into abscess; the sixth case was cured in six punctures, whilst the seventh was aspirated *200 Times*, and still not cured—a drainage tube having to be introduced.* (Ibid pp. 52-87.) Such is the rarity of liver abscess in "European countries," that Dieulafoy was unable, between the years 1869 and 1873 (the date of the publication of his book), to find but *one* case in the hospitals of Paris, upon which to try his instrument. This case was cured, but required two aspirations.

The experience of Condon at Madras, in the treatment of abscess of the liver exclusively by aspiration, is anything but encouraging. He reports 12 cases (*London Lancet*, Aug. and Sept. 1877), though, in reality, he only had 8, since cases 2, 4, 7 and 10, on being explored, turned out to be free of abscess, and finally convalesced—the patients returning to duty as soldiers. In two other cases where abscess existed, the aspirator failed to reach it; the pus made its way into the lungs and produced death. In only 6 cases, therefore, did the aspirator cut any figure as a curative instrument. In one, the needle clogged so badly as to render aspiration useless. Of these six cases, two were cured; one after three, and the other after five punctures, whilst four died after an average of thirteen and one half aspirations.

Dr. Davis has kindly furnished us with the following tabulated statement of the treatment; result, etc., of thirty-six cases of abscess seen by him at Zacatecas. (See table on next page.)

From the following, it would appear that the true province of the aspirator is restricted. As a diagnostic instrument, it is indeed invaluable, and is sufficiently harmless to jus-

* NOTE.—In several of Dieulafoy's cases very dangerous symptoms followed puncture. Davis mentions one case within his knowledge where exploratory puncture caused death. Moissenet saw death ensue in eighteen hours after puncture with smallest sized trocar. The patient fainted immediately after the operation, rigors set in, followed by green vomiting and cold extremities, pains in the abdomen and death from peritonitis (*Archiv. Gén. de Méd. Févr.*, 1859.) Robert, Demarquay, Dolbeau and Jobert have all observed symptoms of commencing peritonitis, which were however arrested.

tify its use in all cases where there is a well grounded suspicion of abscess. As a means of cure, simple and repeated puncture may be tried on all occasions where there are no evident symptoms of external pointing. Should, however, the abscess

NO. OF CASES.		DEATHS.	RECOVERED.
6	Opened into bronchia.....	1	5
2	Opened by incision.....	0	2
1	Simple puncture with trocar.....	0	1
5	Aspirating trocar (largest size.)...	4	1
18	Trocar and drainage tube.....	10	8
1	Natural opening—external.....	1	0
1	Opened into the colon.....	1	0
2	Abscess remained intact.....	2	0
TOTAL 36		19	17

refill, as is apt to be the case, and evince no signs of amendment, it is better to insert a drainage tube, —keeping up proper cleansing and dressing. Maclean says, “when the cavity, after being once or twice evacuated in this way, fills again, I believe the patient’s best chance of recovery will be to make a free opening, after Mr. Lister’s method, which gives the advantages of a free drain without the admission of air unfiltered through an antiseptic medium.” It is always desirable that the pus remain free from decomposition. According to Davis, “if it becomes fetid, it is of the worst omen.” We can conceive of but three conditions under which the contents of an abscess could become fetid prior to evacuation, and not necessarily so then: *i. e.*, gangrene; hydatid decomposition; proximity to the lung or colon. Dr. Davis says, “I have never met with a case where fetid pus was found at a primary puncture.” (Autograph letter.) Neither can we understand how tetor could exist without decided local or systemic disturbance. In a clinical lecture at St. Bartholomew’s Hospital, Dr. Andrew remarks that hectic is by no means a necessary accompaniment of suppuration, “if, however, pus, or even serous fluid, were confined in a cavity, and ceased to be of laudible quality, a constitutional effect would at once be found to ensue.” (*Lancet*, 1870, p. 605.) A remarkable feature in one of Dr. Hammond’s cases was the abstraction of ten ounces of pus of a “highly offensive odor,” yet the patient was free from all local symptoms, and had no pyrexia whatever.

We beg leave to advert yet a little further to Dr. Hammond’s paper, which we have already shown to be full of errors both of omission and of commission, well calculated to exert a harm

ful influence upon practical medicine, emanating as it does from a teacher, whose prominence entitles him to the attention and respect of the medical world. But the truth is, there is not a single original point in the Doctor's article which can be sustained either by clinical experience or the teachings of pathology. The salient propositions of Dr. Hammond are: First, That abscess of the liver is quite common even in this country. Second, It is frequently the result of hyperæmia of the brain, sufficiently so, to demand exploration of the liver, irrespective of symptoms in all cases of hypochondria and melancholia. Third, That all cases should be treated by one particular method. Fourth, That this method is not only innocent in itself, but that its results are altogether satisfactory; so much so indeed, as to rob hepatic abscess of all its well known terrors. We say that these are natural and just inferences from the Doctor's paper in the review of which we have already had occasion to call attention to several misquotations and mystifying expressions, calculated, if not intended, to convey erroneous impressions. In this connection we beg leave to notice another *double entendre*, lest others may be misled by it, as we confess we were when we first read it. In speaking of his method of operating, Dr. Hammond makes this declaration: "That the operation of aspiration is free from danger. Dr. Davis never saw any ill consequences from it, and Dr. Jimenez, of Mexico, states that of the hundreds of times he has punctured the liver through the intercostal spaces for abscesses, he has never once seen the operation followed by peritonitis." Now let any one unacquainted with the facts read over the above and ask himself what it means? He is bound to conclude that Dr. Hammond intends to convey the idea that Jimenez employed the *aspirator* "hundreds of times." The sentences are so framed and connected as to admit of no other construction, and such was *put upon it*, until Dr. Davis' paper subsequently appeared, fully explaining what is known in Mexico as the Jimenez method,—of simple and repeated punctures through the intercostal spaces by the ordinary trocar. Whereas Jimenez, who died in 1875, at an advanced age, had about completed his professional career before he ever heard of the instrument. Again Dr. Hammond misleads his readers when he conveys the impression that *simple puncture* is the accepted method of the present school of Mexican surgeons. For although Jimenez may not have met with "*peritonitis*" as the re-

sult of his numerous operations, he nevertheless encountered discouragements in the shape of *mortality*, which led him finally to abandon his method for that of Vertiz, wherein *drainage* is the essential superaddition. Dr. Davis tells us, "Vertiz's modification was the introduction of the drainage tube. Jimenez at once acknowledged its efficiency and used it, lessening, he claimed, the death rate 50 per cent over the simple and repeated puncture as formerly practiced by him." (Autograph letter.)

There are other points in Dr. Hammond's paper which we should like to notice, but must conclude. We cannot do so, however, without calling attention to the most extraordinary of all the remarkable features of the Doctor's experience in hepatic abscess. He seems dissatisfied with the hitherto accepted etiology when applied to his own cases; he therefore broaches a theory of his own, and suggests that these abscesses were due to the "*brain disturbance*" under which his patients had all previously labored. In other words, he regards the abscess as an *effect*,—the brain disturbance, the *cause*. But, *mirabile dictu!* he removes the *effect*, and forthwith the *cause* vanishes! This is indeed a specimen of "back action" therapeutics which quite staggers our confidence in the established principles of medical art! We have pondered over this wonderful *dénouement* until our mind, like Noah's weary dove, has found but one solution, and that is suggested in the classic lectures of Dr. Henry Maudsley "On the relations between body and mind." "Can it be doubted," says he, "that the strong belief that a bodily disorder will be cured by some appliance, itself innocent of good or harm, may so effect beneficially the nutrition of the part as actually to effect a cure?"

* * * * * Perhaps we do not as physicians consider sufficiently the influence of mental states in the production of disease, and their importance as symptoms, or take all the advantage which one might take of them in our efforts to cure it. Quackery seems to have here got hold of a truth which legitimate medicine fails to appreciate and use adequately. Assuredly the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient; if he orders a few drops of peppermint water with the confident air of curing the disease, will he not really do more for the patient sometimes than one who treats him in the most approved scientific way, but without inspiring a conviction of recovery."?

